
State:	Arkansas	Filing Company:	Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Special Amendment		
Project Name/Number:	Amendment/23-2659 R11/12		

Filing at a Glance

Company:	Arkansas Blue Cross and Blue Shield
Product Name:	Special Amendment
State:	Arkansas
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form
Date Submitted:	11/20/2012
SERFF Tr Num:	ARBB-128779719
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	23-2659 1/13
Implementation	11/01/2012
Date Requested:	
Author(s):	Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	11/21/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Special Amendment
Project Name/Number: Amendment/23-2659 R11/12

General Information

Project Name: Amendment Status of Filing in Domicile: Pending
Project Number: 23-2659 R11/12 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Arkansas is state of domicile.
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 11/21/2012
State Status Changed: 11/21/2012 Deemer Date:
Created By: Evelyn Laney Submitted By: Evelyn Laney
Corresponding Filing Tracking Number:

Filing Description:

Attached please find form 23-2659 R11/12 for your review and approval if indicated.

This amendment was revised to include a Special Enrollment Period for both the Employee or Dependents. The remaining language which was approved on August 7, 2012 is still in place. This amendment was created for the Pace Industries dental group but can be used with any dental group with these same requirements.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the group benefit certificate to which this amendment is attached.

Please feel free to contact me at 378-2165 with any questions you may have.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com
320 West Capitol, Ste 211 501-378-2165 [Phone]
Little Rock, AR 72201 501-378-2975 [FAX]

Filing Company Information

Arkansas Blue Cross and Blue Shield	CoCode: 83470	State of Domicile: Arkansas
601 S. Gaines Street	Group Code:	Company Type:
Little Rock, AR 72201	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0226428	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00
Per Company:	No

State: Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield
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Company	Amount	Date Processed	Transaction #
Arkansas Blue Cross and Blue Shield	\$50.00	11/20/2012	65089902

SERFF Tracking #:	ARBB-128779719	State Tracking #:		Company Tracking #:	23-2659 1/13
State:	Arkansas	Filing Company:	Arkansas Blue Cross and Blue Shield		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/21/2012	11/21/2012

State:	Arkansas	Filing Company:	Arkansas Blue Cross and Blue Shield
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Disposition

Disposition Date: 11/21/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

State:	Arkansas	Filing Company:	Arkansas Blue Cross and Blue Shield
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Form Schedule

Lead Form Number: 23-2659 1/13									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	Approved-Closed 11/21/2012	Amendment	23-2659 R11/12	CERA	Revised	Previous Filing Number:	23-2659 7/12	40.500	23-2659 R11-12VolDental(Pace).pdf
						Replaced Form Number:	23-2659 R11/12		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



**Arkansas
BlueCross BlueShield**
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**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
DENTAL GROUP BENEFIT CERTIFICATES**

AMENDMENT NO. 2659

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Provision B.3. is hereby amended to read as follows:

Initial Enrollment of New Employees. If the Company receives a new Employee's enrollment application within thirty (30) days of the date the Employee is first eligible for coverage, the Employee's coverage will be effective at 12:01 a.m. the day after the required Waiting Period has been satisfied.

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, is hereby amended to add the following provisions.

SPECIAL ENROLLMENT PERIOD. The enrollment date for anyone who enrolls under a Special Enrollment Period is the first date of coverage. Thus, the time between the date a special enrollee first becomes eligible for enrollment under the Plan and the first day of coverage is not treated as a Waiting Period.

- a. **Individuals losing other coverage.** An Employee or Dependent who is eligible, but not enrolled in this Plan, may enroll if each of the following conditions is met:
 - i. The Employee or Dependent was covered under a dental plan or had dental insurance coverage at the time coverage under this Plan was previously offered to the individual.
 - ii. If required by the Plan Administrator, the Employee stated in writing at the time that coverage was offered that the other dental coverage was the reason for declining enrollment.
 - iii. The coverage of the Employee or Dependent who had lost the coverage was under COBRA and the COBRA coverage was exhausted, or was not under COBRA and either the coverage was terminated as a result of loss of eligibility for the coverage (including as a result of legal separation, divorce, death, termination of employment or reduction in the number of hours of employment) or employer contributions towards the coverage were terminated.
 - iv. The Employee or Dependent requests enrollment in this Plan not later than 30 days after the date of exhaustion of COBRA coverage or the termination of coverage or employer contributions, described above. Coverage will begin no later than the first day of the Policy Month following the date the completed enrollment form is received.
If the Employee or Dependent lost the other coverage as a result of the individual's failure to pay premiums or required contributions or for cause (such as making a fraudulent claim), that individual does not have a Special Enrollment right.
- b. **Dependents.** If:
 - i. The Employee is a participant under this Plan (or has met the Waiting Period applicable to becoming a participant under this Plan and is eligible

- to be enrolled under this Plan but for a failure to enroll during a previous enrollment period), and
- ii. A person becomes a Dependent of the Employee through marriage, birth, adoption or placement for adoption, then the Dependent (and if not otherwise enrolled, the Employee) may be enrolled under this Plan as a covered Dependent of the covered Employee. In the case of the birth or adoption of a child, the Spouse of the covered Employee may be enrolled as a Dependent of the covered Employee if the Spouse is otherwise eligible for coverage. The Dependent Special Enrollment Period is a period of 30 days and begins on the date of the marriage, birth, adoption or placement for adoption. The coverage of the Dependent enrolled in the Special Enrollment Period will be effective:
- (a.) in the case of marriage, the first day of the first month beginning after the date of the completed request for enrollment is received;
 - (b.) in the case of a Dependent's birth, as of the date of birth; or
 - (c.) in the case of a Dependent's adoption or placement for adoption, the date of the adoption or placement for adoption.

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Provision C.1.a. and b. is hereby amended to read as follows:

Termination of Coverage. Coverage is subject to all terms and conditions of the Plan, and coverage will terminate under certain conditions described in various other places throughout this document. If coverage is not terminated under any other provision of this document, coverage for a Covered Person shall terminate if any of the following events occur:

- a. Coverage shall terminate at 12:00 midnight Central time on the date of event when:
 - i. The Covered Person ceases to be eligible as an Employee for any reason;
 - ii. This Plan terminates;
 - iii. The Employer to which the Group Policy is issued, terminates or ceases to sponsor the Plan; or
 - iv. An Employee or Dependent dies;
- b. Coverage shall terminate at 12:00 midnight Central Time on the date the event occurs when:
 - i. The Covered Person ceases to be eligible as a Dependent for any reason
 - ii. The Covered Person is a Dependent Spouse who becomes legally separated or divorced from the Employee.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield DentalBlue Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

P. Mark White

P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
601 S. Gaines Street
Little Rock, Arkansas 72201

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TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/21/2012
Comments:	Please see attached.		
Attachment(s):			
Flesch Certification 23-2659 R11-12.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/21/2012
Bypass Reason:	Not required.		



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

RE: Arkansas Blue Cross and Blue Shield
Amendment No. 23-2659 R11/12

FLESCH READING EASE
CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.5 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

Name

Vice President
Title

November 20, 2012
Date